

Chiropractor GROUP
Provider Type 85
907 KAR 3:125

Information about the program:

- Provider must be an entity.
- Out-of-state providers can enroll.

Additional information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- MAP-347 for all Chiropractors within the group. (Individual provider number (85) **must** be active in order to join a group.
- Medicare certification letter with effective date for group
- CLIA (if applicable)
- W-9
- NPI and Taxonomy Verification

Important addresses:

- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602